



FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

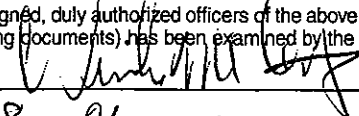
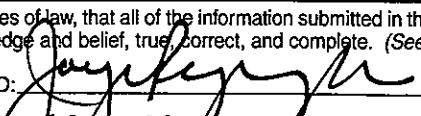
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use 	1. FILE NUMBER 506-435	2. PERIOD COVERED MO DAY YEAR From 01 01 2000 Through 12 31 2000	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
IMPORTANT JAYE RYKUNYK (2) 506-435 HOTEL EMPL, RESTAURANT EMPL AFL-CIO 331 LU 17 312 CENTRAL AVE S E RM 444 MINNEAPOLIS, MN 55414 12/2000 			8. MAILING ADDRESS (Type or print in capital letters.) First Name JAYE Last Name RYKUNYK P.O. Box • Building and Room Number (if any) Number and Street 312 CENTRAL AVE City MINNEAPOLIS State MN ZIP Code + 4 55414-
4. AFFILIATION OR ORGANIZATION NAME			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number 14	BETTS & HAYES, LTD. 15500 WAYZATA BLVD. SUITE # 740 WAYZATA, MN 55391
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  21 8 01 (612) 379 -4730x15 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  02 12 01 (612) 379 -4730x13 Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☒ ☐
12. Have a political action committee (PAC) fund? ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ ☐
15. Discover any loss or shortage of funds or other property? ☐ ☒
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 3469

19. What is the date of your organization's next regular election of officers? MO 10 YEAR 2002

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 100000

21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 29. ⁰⁵ - 31. ⁰⁵ per Mo. (Month, Year, etc.)
(b) Initiation Fees	\$ 44. ⁰⁵ / 69. ⁰⁵ / 94. ⁰⁵ WT BART
(c) Transfer Fees	\$ L. YEAR
(d) Work Permits	\$ 1. ²⁵ - 2. ⁰⁰ per APPEAR. (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 506-435

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
	25. Cash.....		372 844	112 347
	26. Accounts Receivable.....			
	27. Loans Receivable.....	1		
	28. U.S. Treasury Securities.....			
	29. Investments.....	2		
	30. Fixed Assets.....	5	7 358	89 809
	31. Other Assets.....	3	20 300	16 238
	32. TOTAL ASSETS.....		400 502	218 394

LIABILITIES	LIABILITIES	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (C)	Period (D)
	33. Accounts Payable.....			
	34. Loans Payable.....	8		
	35. Mortgages Payable.....			
	36. Other Liabilities.....	4	425	
	37. TOTAL LIABILITIES.....			
	38. NET ASSETS (Item 32 less Item 37).....		400 077	218 394

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 506-435

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			1139746	56. To Officers	9		415831
40. Per Capita Tax				57. To Employees	10		94179
41. Fees				58. Per Capita Tax			519754
42. Fines				59. Fees, Fines, Assessments, etc.			
43. Assessments				60. Office & Administrative Expense	13		13029
44. Work Permits			130738	61. Educational & Publicity Expense ...			4539
45. Sale of Supplies				62. Professional Fees			39113
46. Interest			13356	63. Benefits	11		95840
47. Dividends				64. Contributions, Gifts & Grants	12		11243
48. Rents				65. Supplies for Resale			
49. Sale of Investments & Fixed Assets	6			66. Direct Taxes			61873
50. Loans Obtained	8			67. Withholding Taxes			163315
51. Repayments of Loans Made	1			68. Purchase of Investments & Fixed Assets	7		86668
52. On Behalf of Affiliates for Transmittal to Them				69. Loans Made	1		
53. From Members for Disbursement on Their Behalf				70. Repayment of Loans Obtained	8		
54. Other Receipts	14		300944	71. To Affiliates of Funds Collected on Their Behalf			
55. TOTAL RECEIPTS			1584784	72. On Behalf of Individual Members ...			22019
				73. Other Disbursements	15		317878
				74. TOTAL DISBURSEMENTS			1845281

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 506-435

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> <div> ↑ Item 27 Column (A) </div> <div> ↑ Item 69 </div> <div> ↑ Item 51 </div> <div> ↑ Item 75 with Explanation </div> <div> ↑ Item 27 Column (B) </div> </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 506-435

SCHEDULE 3 — OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in _____ Item 29, Column (B)	

Description (A)	Book Value (B)
1. COOP PRINTING STOCK	700
2. MPLS. LABOR TEMPLE	600
3. REFUNDABLE DEPOSITS	14,938
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	16238
Enter the Total from Line 7 in _____ Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in _____ Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 506-435

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location): MPLS. MN	75,500	— 0 —	75,500	75,500
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	119,966	105,657	14,309	14,309
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			89,809	

Enter the Total from Line 8, Column (D) in Item 30, Column (B)

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	

Enter the Total from Line 8 in Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 506-435

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. LAND AND BUILDING, 4335 3 RD AVENUE MPLS. MN	75,500	75,500	75,500
2. 3 PHONES	1,551	1,551	1,551
3. OFFICE DESK & CHAIRS	5,792	5,792	5,792
4. TELEPHONE SYSTEM	3,825	3,825	3,825
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	86,668	86,668	86,668
	7. Less Reinvestments		
	8. Net Purchases		86,668
Enter the Total from Line 8 in ↑ Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ↑ Item 34 Column (C) ↑ Item 50 ↑ Item 70 ↑ Item 75 with Explanation ↑ Item 34 Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 506-435

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name First Name 1. Title Status						
Last Name First Name 2. Title Status						
Last Name First Name 3. Title Status						
Last Name First Name 4. Title Status						
Last Name First Name 5. Title Status						
Last Name First Name 6. Title Status						
Last Name First Name 7. Title Status						
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		497,951	7,060	43,303		548,314
Enter the Total from Line 11 in Item 56 ➡				10. Less Deductions 132,483		
				11. Net Disbursements 415,831		

(SEE ATTACHMENT)

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES


FILE NUMBER: 506-435

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name First Name Position Name of Affiliated Organization					
2. Last Name First Name Position Name of Affiliated Organization					
3. Last Name First Name Position Name of Affiliated Organization					
4. Last Name First Name Position Name of Affiliated Organization					
5. Last Name First Name Position Name of Affiliated Organization					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates					
8. Totals of Lines 1 through 7	125,011				125,011
9. Less Deductions					30832
Enter the Total from Line 10 in..... Item 57 ⇨			10. Net Disbursements 94179		


(SEE ATTACHMENT)

SCHEDULE 11 — BENEFITS


FILE NUMBER: 506-435

Description (A)	To Whom Paid (B)	Amount (C)
1. <u>PENSION</u>	<u>TRUST FUND</u>	<u>42,440</u>
2. <u>HEALTH, DENTAL, LIFE, DISABILITY</u>	<u>TRUST FUND</u>	<u>53,400</u>
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		<u>95,840</u>
Enter the Total from Line 6  Item 63		

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	<u>11,243</u>
8. Total of Lines 1 through 7	<u>11,243</u>
Enter the Total from Line 8 in  Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	<u>13,029</u>
Enter the Total from Line 8 in  Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. INT. ORGANIZING SUBSIDY	170,047
2. INITIATIONS	54,456
3. REIMBURSEMENTS/REFUNDS	12,398
4. OTHER MISC.	496
5. REINSTATEMENTS	6,258
6. STRIKE DONATIONS	25,639
7. STRIKE SUBSIDY	30,950
8. BURIAL BENEFITS	700
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	300,944
Enter the Total from Line 17 in Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. AFFILIATION FEE	2,728
2. REIMBURSED EXPENSE	449
3. ARBITRATION	3,373
4. BANK FEES	267
5. BURIAL BENEFITS	1,200
6. BUTTON UP	900
7. CHAPLAIN	400
8. CONFERENCES	480
9. CONVENTIONS	450
10. INSURANCE LIABILITY	4,311
11. EQUIPMENT LEASE	8,115
12. LOST TIME REIMBURSED	13,535
13. MAILING	420
14. MAINTENANCE	6,110
15. MEETINGS	6,568
16. Total from additional pages (if any)	268,632
17. Total of Lines 1 through 16	317,878
Enter the Total from Line 17 in Item 73	

**HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES
UNION LOCAL #17
STATEMENT OF SALARIES AND REIMBURSED EXPENSES
For the Year Ended December 31, 2000**

Name	Title	Status	Salaries	Reimbursed Expenses	
				Allowances	Mileage & Travel
McCarthy, William	President	C	\$49,400		\$4,068
Goff, E. Martin	Vice President	C	45,900		3,123
Rykunyk, Jaye	Secretary-Treasurer	C	43,350		8,848
Silk-Leckie, Rita	Executive Board/ Business Agent	C	38,250		3,047
McGowan, Daniel	Business Agent	C	39,000		2,458
Goldman, Nancy	Executive Board/ Business Agent	C	38,250		2,572
Olson, Roxanne	Executive Board	C		\$1,200	
King, Desiree	Executive Board	C		1,200	
Moll, Charmaine	Executive Board	P		900	30
Luneburg, Wade	Executive Board	N		300	490
Bergwick, Nancy	Trustee	C		1,200	1,130
Geelan, Tim	Trustee	C	6,500	900	1,165
Fossen, Laurie	Trustee	C	7,800	1,000	210
Espinoza, Uriel	Organizer	C	35,150		3,028
Harwell, Blake	Research	C	33,500		1,918
Shaughnessy, Catherine	Community Outreach	C	34,850		8,373
Stewards and delegates				660	
Weber, Dawn	Business Agent	N	25,350		1,931
Kearney, Alan	Organizer	N	47,573		200
Cid, Kay	Organizer	N	19,900		1,104
Duffley, Kate	Organizer	P	2,138		
Seymour, Perry	Business Agent	P	6,360		98
Vigilo, Lucia	Organizer	N	2,550		148
Makaricos, Joshua	Organizer	N	22,130		2,620
Total Salaries - Officers and Others			\$497,951	\$7,360	\$46,561
Office Personnel:					
Peters, Leanne		C	41,283		
Thorson Martha		C	39,391		
Driscoll, Betty		C	36,585		
Jennings, Ellamay		C	7,752		
Total Salaries - Office Personnel			\$125,011		
TOTAL SALARIES AND WAGES			\$622,962		

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES
UNION LOCAL #17
SCHEDULE 12 DETAIL

Cub Foods	100
Rainbow Foods	575
Bloomington Conv.	1,000
Minnesota Chapter	300
MAPA	1,000
Minnesota Film	1,000
Meeting the Challenge	250
The MN Workers'	1,000
UFCW Local 789	340
MN Special Olympics	300
Big Brothers Big Sisters	500
Twin Cities Religion	1,000
Juvenile Diabetes	50
H.E.R.E. Local #57	500
H.E.R.E. Local #25	100
Labor Speakers	100
St. Paul Trades	200
USWA Local 1028	500
Friends of Levi	100
Michael Logelin	250
Awada's Charity	100
Jack J. Jorgensen	250
The Saint Paul Hotel	50
Twin City Labor M	100
WILPF	100
Minneapolis Hotel	500
Nye's Polonaise Room	25
Kelber Catering	693
Resource Center	60
Local #74	200
TOTAL	<u>\$11,243</u>

\$40	
518	
50	
202	
261	
428	
480	
250	
35	
1,426	
450	
375	
23	
7,833	
415	
84	
159	
<u>\$13,029</u>	

\$13,029

HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES
UNION LOCAL #17
FORM LM-2 ATTACHMENT
REPORT YEAR JANUARY 1 THROUGH DECEMBER 31, 2000
FILE NO. 506-435

SCHEDULE 15, LINE 16	
FLOWERS LOCAL	1,419
MEMORIAL	1,050
MISC MEETING	128
MEMBERSHIP EXPENSE	7,599
MEETING ROOM RENT	1,213
NEGOTIATIONS	24,842
NEWSLETTER EXPENSE	6,198
ORGANIZING	8,438
ORGANIZING-SALT PROGRAM	6,990
PAGERS	249
PARKING	3,177
PETTY CASH REIMB	913
POSTAGE & DELIVERY	10,596
PRINTING	9,384
PUBLICATIONS	879
RATIFICATION	1,167
REFUNDS/OVERPAYTS	3,579
OFFICE RENT	43,559
STAFF MEETING	1,050
STRIKE EXPENSE	106,979
SUPPLIES	5,964
TELEPHONE	15,630
TICKETS	3,686
TRANSLATOR	684
TRAVEL	8,056
WATER	265
DECREASE IN DEPOSITS	(5,062)
TOTAL TO LINE 16, SCH 15	268,632
	268,632

